

# Release Form for Minors Unaccompanied by Parent

## RELEASE, WAIVER AND INDEMNITY AGREEMENT FOR MINORS UNACCOMPANIED BY A PARENT

If the registrant is under 18 and will not be accompanied by his or her parents, his or her parent must complete and sign this form and designate a adult who is present at Fryeburg New Church Assembly (hereinafter FNCA) the authority to act as the minor's guardian, administer first aid or take child to the hospital if needed.

The undersigned parent and guardian of \_\_\_\_\_ (minor's name) hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss, damages, actions, or cause of action for personal injury, property damage, or wrongful death occurring to \_\_\_\_\_ (minor's name) as a result of \_\_\_\_\_ (minor's name) using FNCA'S facilities or equipment , or engaging in any FNCA activities, some of which involve dangers and risk of bodily injury.

The undersigned parent and guardian of \_\_\_\_\_ (minor's name) agrees that in the event of any personal injury, property damage, or wrongful death involving said minor, the undersigned parent and guardian will indemnify and hold harmless FNCA and its officers, agents, and employees from any and all claims or cause of action with regard to \_\_\_\_\_ (minor's name).

Under no circumstances will the undersigned parent and guardian of \_\_\_\_\_ (minor's name) present any claim against FNCA and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence caused by FNCA and said persons.

The undersigned parent and guardian represent that he/she has read this Release, assumes all risks associated with such dangers and risks, and understands the terms and legal consequences of the signing of this Release. The undersigned parent and guardian intend his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_

Name & Signature of Parent(s) \_\_\_\_\_

Name & Signature of Guardian \_\_\_\_\_

Medical Insurance Information, Subscriber's Name & Policy # \_\_\_\_\_

Date Signed \_\_\_\_\_

## Medical Information

Does your minor have any chronic or acute medical problems? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

List any allergies (food, medicine, pollen etc.): \_\_\_\_\_

List any current medications: \_\_\_\_\_

List any other conditions we should be aware of: \_\_\_\_\_